



Application B

Utah Department of Workforce Services (DWS)  
APPLICATION TO PROVIDE TRAINING SERVICES

Schools Registered with Consumer Protection / Schools Approved through USOR / Government Agencies

Part A: School Information

School Information	
School Name	
Street	
City, State, Zip Code	
If mailing address differs from the training location, please provide that address:	
Contact Name	
Contact Phone Number	
Contact Fax Number	
Contact E-mail	
Toll Free Number	
Web Address	
Other Names Operated Under	
Length of time in business; include start date of business. (You must have been in business for at least one year. No start up organizations will be approved.)	
For electronic payment purposes, please list your Merchant Number/Acceptor ID Code for:	Tuition Payments /Registrar's Office: Bookstore (if different than above):
Accreditation and State Authorization Agencies	
Are you registered as a proprietary school with the Utah Division of Consumer Protection?	NO / YES (if yes, please provide documentation)
Are you an approved facility with the Utah State Office of Rehabilitation?	NO / YES (if yes, please provide documentation)
Are you a government agency?	NO / YES
Does your school have institution-wide accreditation?	NO / YES (if yes, please provide a copy of your current letter of accreditation)



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Additional Criteria	
Refund Policy	Please attach your current refund policy.
Grievance Procedure	Please attach an outline of your grievance procedure for individuals with complaints on such issues as discrimination, accessibility etc.

**Part B: Program Information:** The following information is required for each program seeking approval. Please attach additional pages if needed.

Program Name	
If accreditation is required and you do not have institution-wide accreditation, is this program accredited?	NO / YES / NA (if yes, please provide a copy of your current letter of accreditation)
Is one of the goals of your program to have your students satisfy the education requirements for licensure by the Division of Occupational and Professional Licensing (DOPL) or any other licensing agency?	NO / YES (if yes, please provide the following:  Type of license: _____  Agency that will issue the license: _____  Please attach documentation that your curriculum has been reviewed by DOPL or other licensing agency, and documentation that your instructors are licensed by DOPL or other licensing agency to practice the occupation or profession that is taught.)
Completion Rate (%)	
Graduates in Unsubsidized Employment (%)	
Wage at Placement	
Type of certification, license or accreditation that students completing the program obtain	
Certification (%)	
Program Cost: Please include the cost for tuition, fees, books, supplies etc.	
Program Information	



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### Part C: Before sending, please verify that the following is included with the application:

- ☐ Documentation of registration as a proprietary school with the Utah Division of Consumer Protection
- ☐ Documentation as an approved facility with the Utah State Office of Rehabilitation, if applicable.
- ☐ A copy of your current letter of institution-wide accreditation, and/or current letter of accreditation for each program for which you are seeking approval, if applicable. (Please note that the accreditation certificate is not sufficient documentation.)
- ☐ A copy of your refund policy.
- ☐ An outline of your grievance procedure for individuals with complaints on such issues as discrimination, accessibility, etc.
- ☐ Documentation that your curriculum and instructors have been reviewed by DOPL or other licensing agency, if applicable.

**\*\*Please note that if any information is missing, fraudulent or required documents are not attached to the application, it will delay the process for approval or denial.**

By signing this application, you are agreeing that your school will:

- ☐ Provide DWS students with progress reports upon request.
- ☐ Notify DWS of any changes including addition or deletion of courses, programs or locations, changes in program cost, accreditation, approval, certification and/or license and relocation or change of ownership. Depending on the change, it may require a new application approval process.
- ☐ Have an adequate facility that abides with ADA guidelines.
- ☐ Bill DWS within 90 days of student's start date.
- ☐ Abide by the DWS Equal Opportunity Clause:
  - Section 188 of the Workforce Investment Act of 1998 (WIA), which prohibits discrimination against all individuals in the United States on the basis of race, color, religion, sex, national origin, age, disability, political affiliation or belief, and against beneficiaries on the basis of either citizenship/status as a lawfully admitted immigrant authorized to work in the United States or participation in any WIA Title I – financially assisted program or activity:
    - Title VII of the Civil Rights Act of 1964, as amended, which prohibits discrimination on the basis of race, color, and national origin;
    - Section 504 of the Rehabilitation Act of 1973, as amended, which prohibits discrimination against qualified individuals with disabilities;
    - The Age Discrimination Act of 1975, as amended, which prohibits discrimination on the basis of age;
    - And Title IX of the Education Amendments of 1972, as amended which prohibits discrimination on the basis of sex in education programs.
- ☐ Not recruit on DWS premises without DWS Employment Center Manager's approval.
- ☐ Not rely solely on funds from DWS to remain in business.
- ☐ Not use your organization or corporate names and logos, or pass out materials identifying yourself to the media, to business or other organizations/associations, or to individuals, in the context of conducting any DWS operations or contracted services.



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I certify that the information contained herein is complete and accurate to the best of my knowledge, and is furnished for the purpose of obtaining DWS approval to offer services in the State of Utah, and in conformity with the standards set forth by the State of Utah.

Should circumstances result in any modifications of the content, I will advise DWS. I understand that failure to abide by the rules may result in a further review of services and possible termination of application status or approval of services.

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Printed Name

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Signature

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Date